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UNITED STATES AIR FORCE RESPONSE TO PROBLEMS OF CHILD
ABUSE WITHIN THE MILITARY COMMUNITY(U) AIR FORCE INST
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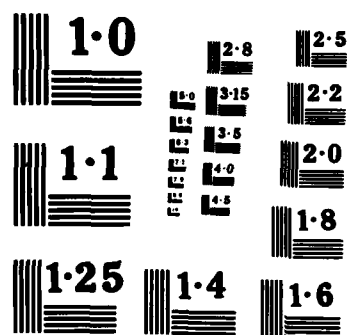
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REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER AFIT/CI/NR 85-89T	2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) United States Air Force Response to Problems of Child Abuse Within the Military Community		5. TYPE OF REPORT & PERIOD COVERED THESIS/DISSERTATION
		6. PERFORMING ORG. REPORT NUMBER
7. AUTHOR(s) Harold L. Banks, Jr.		8. CONTRACT OR GRANT NUMBER(s)
9. PERFORMING ORGANIZATION NAME AND ADDRESS AFIT STUDENT AT: California State University Sacramento		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
11. CONTROLLING OFFICE NAME AND ADDRESS AFIT/NR WPAFB OH 45433		12. REPORT DATE 1985
		13. NUMBER OF PAGES 62
14. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office)		15. SECURITY CLASS. (of this report) UNCLASS
		15a. DECLASSIFICATION/DOWNGRADING SCHEDULE
16. DISTRIBUTION STATEMENT (of this Report) APPROVED FOR PUBLIC RELEASE; DISTRIBUTION UNLIMITED		
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report) B		
18. SUPPLEMENTARY NOTES APPROVED FOR PUBLIC RELEASE: IAW AFR 190-1 LYNN E. WOLAVER Dean for Research and Professional Development AFIT, Wright-Patterson AFB OH		
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Abstract
of
UNITED STATES AIR FORCE RESPONSE
TO PROBLEMS OF CHILD ABUSE
WITHIN THE MILITARY COMMUNITY

by
Harold L. Banks, Jr.

Statement of Problem

The Air Force Child Advocacy Program has been officially operating since 1975. In this ten year period, the amount of reported incidents of abuse or neglect has increased ten-fold. Is this due to an increase in the amount of child abuse and neglect or is the reporting system improving? Air Force officials believe the reason is that the reporting system has improved and that more people are aware of the problem. This thesis describes the operation, components, and results of the Child Advocacy Program in an effort to better understand the significance of the increase.

Sources of Data

Information for this child abuse study has been taken from AFR 160-38, published books, journal articles, magazines, personal interviews with Air Force and civilian personnel directly or indirectly involved in the Air Force Child Advocacy Program, and official and unofficial Air Force publications.

Conclusions Reached

The Air Force Program has been very effective over the last ten years and the increase in reported cases of abuse and neglect appear to be due to better reporting. However, estimates are that only about one-half of the actual incidents of abuse or neglect are being reported. Therefore, some recommendations to improve awareness and to better assist the Air Force abuser have been included.

Committee Chair's Signature of Approval

Thomas R. Phelps

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UNITED STATES AIR FORCE RESPONSE
TO PROBLEMS OF CHILD ABUSE
WITHIN THE MILITARY COMMUNITY

Harold L. Banks, Jr.
B.A., Park College, Parksville, Mo.

THESIS

Submitted in partial satisfaction of
the requirements for a degree of

MASTER OF ARTS

in

CRIMINAL JUSTICE

at

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

Summer
1985

UNITED STATES AIR FORCE RESPONSE
TO PROBLEMS OF CHILD ABUSE
WITHIN THE MILITARY COMMUNITY

A Thesis

by

Harold L. Banks, Jr.

Approved by:

Thomas R. Phelps, Chair
Thomas R. Phelps

James M. Poland, Second Reader
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ACKNOWLEDGEMENTS

It is impossible to personally thank all those who provided help, encouragement, and moral support throughout the past year. However, there are a few people that must be acknowledged. Therefore, my heartfelt thanks go out to the following individuals.

Lynn, my wife - for putting up with my periods of depression, my late nights of typing, and helping me through the hard spots.

Jenny, Brenda, and Debbie, my daughters - for not taking the "grump" too seriously when he was trying to do two things at once.

Gail Gilbert - for being a phone call away to answer those unanswerable questions.

Tom Phelps - for being so understanding and helpful throughout the last year.

Major Gerald Greenwood - for providing information and his copy of the regulation.

Norrine Gallisdorfer - for providing assistance, ideas, and support.

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CHAPTER 1

Statement of Problem

Problem Overview

Children have been abused or neglected for centuries although it was not recognized as a serious problem until the mid-twentieth century.¹ Children were thought of as the property of their parents² and could be sold as such until the late 1900's.³ During this time, they were also used as servants or apprentices.⁴ With the recognition of abuse by physicians, beginning in 1946 with Dr. John Chaffey, a pediatric radiologist,⁵ society began to look at this growing problem more closely.

In January 1974,¹ the Child Abuse Prevention and Treatment Act became national law in the United States.⁶ This act authorized a National Center on Child Abuse and Neglect to compile information, operate a clearinghouse on programs showing promise of success in prevention, identification and treatment of child abuse, publish training materials, provide technical assistance to public and non-profit agencies, conduct

research into the causes of abuse, and study changes in incidence.⁷

With this nationwide campaign to stop abuse, it was inevitable that the military would have to establish child abuse programs of their own. In 1975, the Air Force (AF) published Air Force Regulation (AFR) 160-38, Child Advocacy Program, which established a committee at each Air Force base to investigate and evaluate suspected child abuse cases. This program has now been in effect for ten years and reported incidents of abuse have increased every year since 1975. Does this indicate that the program is not effective or that by the increase of reported cases, the program is accomplishing one of its goals: bringing child abuse out of the closet? Can the program be improved by making some changes? This study will describe how and why the program began, will show reported statistics over the years since its inception, and will include some suggested changes to the program.

Study Focus

This study will focus^s on child abuse in the Air Force community rather than in the military community as a whole. However, references will be made to programs dealing with child abuse in the other branches of the military, when necessary, to compare or clarify the Air Force program.

The sexual abuse of children is a recognized problem and is usually associated with the term "child abuse"; however, for the

purposes of limiting this study, sexual abuse and molestation will not be directly addressed. Approximately 19 percent of the total reported abuse in the Air Force for 1982 was sexual abuse.⁸ Therefore, sexual abuse will be defined and statistics will be quoted, but the causes of sexual abuse, the profile of the sexual abuser, and the effects on the sexually abused will not be proffered in this study.

AFR 160-38 was changed on 5 November 1981 to incorporate spouse abuse in the regulation and the title became the Air Force Family Advocacy Program. When definitions are given or reference is made to this regulation in this study, only those portions pertaining to child abuse are intended.

Sources of Data

Information for this child abuse study will be taken from AFR 160-38, published books, journal articles, magazines, personal interviews with Air Force and civilian personnel directly or indirectly involved in the Air Force Child Advocacy Program, and official and unofficial Air Force publications.

The statistics used will represent the Air Force community to include active duty enlisted and officer personnel and their dependents whether they are assigned to bases within the Continental United States (CONUS) or at overseas locations.

Significance of Study

The issue of child abuse in the Air Force is an expanding problem. Actual amounts of abuse may not be increasing, but the amount of reported cases has been rising from year to year. In 1975, the first year Air Force child abuse statistics were recorded, 336 cases were reported.⁹ For fiscal year 1984, 3,657 cases were reported.¹⁰ These numbers only reflect the reported cases. Estimates nationwide are that only about one-half of all child abuse is reported. Since it is impossible to determine whether abuse is more prevalent in the military than for the rest of the country, an assumption can be made that only one-half of the abuse in the military is reported.

Child abuse in the Air Force should have more emphasis placed on it. By making more people aware of the problem through prevention and awareness programs and mandatory briefings to incoming personnel concerning their reporting responsibilities could increase the amount of reported cases and save our children a lot of pain and suffering.

Definitions of Terms

In the United States today, there are many different definitions of child abuse and neglect. Some of these are found in laws, some in procedure and some in the informal practices of those agencies assigned to implement laws concerning child abuse and neglect. Agencies that deal with child abuse and neglect need definitions that assist them in performing their

responsibilities. Hospitals need definitions for purposes of referring cases to a child abuse team or to their social services department. Medical definitions tend to stress serious injury. Social work definitions focus on problems of the family. For the purpose of this study, two definitions will be used: the Federal Child Abuse Prevention and Treatment Act definition and the definitions given in AFR 160-38. In addition to these definitions, terms concerning the Air Force child abuse program and some military terms will be defined to assist the non-military reader.

The definition given for child abuse and neglect in the Federal Child Abuse Prevention and Treatment Act became Public Law 93-247 during the 93rd Congress on January 31, 1974. The definition was amended by Public Law 95-266, 95th Congress, April 24, 1978. The definition was as follows:

The physical or mental injury, sexual abuse or exploitation, negligent treatment or maltreatment of a child under the age of 18 . . . by the person responsible for the child's welfare under circumstances which indicate the child's health or welfare is harmed or threatened thereby.¹¹

This definition appears to have been intentionally made very vague so it could be adapted to fit the specific needs of any individual state.

Definitions from AFR 160-38 are more specific than the federal definition given above because they are intended to give guidance to the various agencies involved in the Air Force

program. The terms from the regulation that require defining are as follows:

1. Child. An unmarried person whether natural child, adopted child, foster child, stepchild, or ward who is a dependent of the military member or spouse and who either:
 - (1) has not passed his or her eighteenth birthday; or
 - (2) is incapable of self-support because of a mental or physical incapacity that currently exists and for whom treatment is authorized in a medical facility or the uniformed services.
2. Maltreatment. A general term referring to abuse or neglect.
3. Abuse. Physical injury or emotional disturbance inflicted by other than accident, as evidenced by, but not limited to, scratches, lacerations, skin bruising, bleeding, malnutrition, sexual molestation or abuse, burns, bone fractures, subdural hematoma, soft tissue swelling, and unexplained death; or where the history given concerning such condition is at variance with the degree or type of the condition, or where circumstances indicate that the condition may not be the product of an accidental occurrence.
4. Child Neglect. Acts of omission or commission that result, or could reasonably be expected to result in, physical, or emotional harm to the child. This includes, but is not limited to, unattended and abandoned children and those suffering from "failure to thrive" due to neglect.
5. Child Abuser or Neglector. Military personnel or member of the household who is directly or indirectly responsible for the resultant neglect or abuse that occurs to the child. A "caretaker" relationship must exist between the child and the abuser or neglecter.
6. Air Force Family Advocacy Program. The Air Force-wide program developed and designed to identify, prevent, and treat those consequences of child abuse and neglect and spouse abuse and to provide other necessary medical and nonmedical services for victims and perpetrators of child abuse or neglect and spouse

abuse.

7. **Child Advocacy Program.** That part of the Air Force Family Advocacy Program that deals with child abuse or neglect.
8. **Onbase Agencies.** Offices, facilities, or services available onbase to assist family advocacy cases, including the medical facility, chaplain, judge advocate, Air Force Aid Society officer, personal affairs officer, social actions officer, family support center, and the American Red Cross.
9. **Local Agencies.** These include community, county, state, or federal offices, facilities, and services, other than the Air Force, that are available for assistance to family advocacy cases.
10. **Air Force Policy.** It is Air Force policy to prevent child abuse or neglect and spouse abuse and their attendant problems and to identify, treat, and rehabilitate the abuser or child neglecter, as well as to treat the abused individual. Child abuse or neglect and spouse abuse may also lead to criminal and administrative action that could result in the abuser or neglecter being discharged from the United States Air Force under other than honorable conditions. The Air Force endeavors to provide all available assistance to alleviate those underlying causes of child abuse or neglect and spouse abuse. The Air Force Family Advocacy Program is organized to coordinate available local and military resources and to aid actions of medical personnel and other concerned individuals.

Some additional terms that need to be defined for the non-military reader are as follows:

Commander or Commanding Officer. An officer having disciplinary authority under Article 15.¹²

Administrative Punishment. Letter of reprimand or other non-judicial punishment.

Non-judicial Punishment. Any commanding officer may, in addition to or in lieu of admonition or reprimand, impose disciplinary punishment for minor offenses without the intervention of a court-martial (Article 15). Depending on the rank of the commanding officer and the rank of the

individual being punished, a few examples of such punishment can be forfeiture of not more than one-half of one month's pay per month for two months, reduction to the next inferior pay grade, or extra duties for from 14 to 45 consecutive days. Punishment may not be imposed under Article 15 upon any member of the armed forces who has, before the imposition of the punishment under that article, demanded trial by court-martial in lieu of the punishment thereunder.¹³

Judicial Punishment. Trial by court-martial.

Court-Martial. Trial of offenders against military law and in violation of the Uniform Code of Military Justice.¹⁴

Fiscal Year. The period extending from 1 October to 30 September of any given year.

Calendar Year. The period extending from 1 January to 31 December of any given year.

Notes

¹ Edith H. Grotberg, ed., 200 Years of Children (Washington, D.C.: GPO, 1978), p. 259.

² Ibid., p. 258.

³ Ibid., p. 229.

⁴ Ibid.

⁵ Ibid., p. 259.

⁶ Ibid.

⁷ Ibid., pp. 259-60.

⁸ Pat Dalton, "3200 AF Child Abuse Cases are Only the Reported Ones," Air Force Times, vol. 44, 2 July 1984, p. 26.

⁹ "Child Abuse Reports Rose Slightly in 1978," Air Force Times, vol. 39, 19 March 1979, p. 2.

¹⁰ Dalton, loc. cit.

¹¹ Papers on Child Abuse and Welfare Laws, Summary of Federal and Texas Law, October 1982, Laughlin Air Force Base, Texas.

¹² Manual for Courts-Martial United States (Washington, D.C.: GPO, 1969), p. A2-5.

¹³ Ibid., p. 26-8.

¹⁴ Ibid., p. 1-1.

CHAPTER TWO

Review of the Literature

Problem Statement

Prior to 1975, the Air Force did not have an official program to handle child abuse. Personnel at each base approached the problem differently, either by attempting to deal with each case themselves or by referring the case to local agencies such as Child Protective Services (CPS). The concept of using a child advocacy committee (CAC) on base actually began prior to the publication of any formal directives; however, in 1975, the Air Force published AFR 160-38, Air Force Child Advocacy Program. This regulation established a committee at each Air Force base to review all allegations of child abuse and neglect and to decide what course of action to take in each individual case. Since the publication of this regulation, the reported incidents of child abuse and neglect in the Air Force have increased from year to year (see Appendix A). This is a major concern to the Air Force. Although bringing these cases to light is preferable, do the statistics indicate better re-

porting or an actual increase in abuse? The answer to this question will not be resolved in this study, however, the Air Force program will be described to try to indicate why the reported cases continue to rise and to determine whether the program can be improved.

Review of the Literature

No study would be complete without a comprehensive look at what brought the problem to its current state. The history of child maltreatment goes back to biblical times. If a son was rebellious and stubborn and did not obey his father and mother, he was stoned to death by the men of the city.¹ Children were directed to obey their parents.² Those children that disobeyed their parents were "worthy of death."³ A child was considered the property of his father. The Roman Patria Postesta endowed the father with the privilege to sell, abandon, offer in sacrifice, devour, kill, or otherwise dispose of his offspring.⁴ Children were considered to be property even until the early years of our own Republic.⁵ An 1880's Wisconsin form for adoption was used for the transfer of property, the child.⁶ Children were taken from the poor and sold as servants to pay the parent's debts. In most cases, these children were abused by the new "owners" if they failed to work to expectations.

With the beginning of factories to produce yarn in the early 1800's came the use of child labor. The machine did the heavier work previously accomplished by adults and the children, who

were cheap labor, performed the lighter tasks.⁷ Within twenty years, children and women comprised 90 percent of the factory workforce.⁸ Children were paid from as little as ten cents a week to 50 cents a week for 72 hours of work.⁹ Over the following century, child labor spread to coal mines, fields, and factories and mills across the country. Attempts to get the children out of the labor force were slow. Eventually, states began passing laws regulating the amount of hours they could work per day, requiring school attendance, and increasing the minimum age for full-time employment.¹⁰ Thus, the abusive treatment of children began to subside.

Animals were treated better than children during the time period of the late 1800's. The Society for the Prevention of Cruelty to Animals (SPCA) had been founded by Henry Bergh, but no agency existed for the prevention of cruelty to children. It was in 1874 that a particular case came to the attention of the courts in New York which led to the formation of the Society for the Prevention of Cruelty to Children in December of that year.¹¹ The case involved a girl named Mary Ellen Wilson who was abandoned by her real parents at the age of 18 months and placed in the custody of foster parents. Over the next six years, she was cruelly beaten and occasionally confined for long periods of time. The beatings were so often and so severe that the neighbors reported the circumstances to several institutions in hopes that the child would be taken from the foster parents. The situation finally came to the attention of Bergh, who brought the

case before the Supreme Court of New York. Mary Ellen was removed from the custody of the foster parents and made a ward of the court. The foster mother was found guilty of abusing the child and was sentenced to one year in prison at hard labor. Mary Ellen was placed in an orphanage.

This type of case led to the founding of the American Humane Association (AHA) in 1877. It was a federation of approximately 750 separate societies seeking to prevent cruelty to children.¹²

Lillian Wald, organizer of public health nursing in New York, proposed the idea of a national bureau for children in 1903. She introduced the idea into reform circles and brought the idea to the attention of President Theodore Roosevelt. The first bill presented to Congress favoring a national Children's Bureau was in 1906. Debates continued on the subject over the next six years with many people objecting to the bill on the grounds that the Children's Bureau would usurp the functions of the family. The bill finally became law on April 9, 1912 when it was signed by President Taft. The purpose of the bill was "to investigate and report upon all matters pertaining to the welfare of the children and child life."¹³

In further efforts to stop children from working in factories and mines, the first federal child labor law was presented to Congress in 1914. This bill was named after the two congressmen who introduced it, A. Mitchell Palmer, House of Representatives, and Robert L. Owen, Senate. The Palmer-Owen bill forbade the employment of children under 16 in mines and

quarries and children under 14 in manufacturing establishments. It also forbid employment of children under 16 from working more than eight hours a day and from working at night.¹⁴

Although the AHA was founded in 1877, it was not until 1951 that standards were established to guide its member societies. Standards were set relating to the functions of a protective agency, the methods to be used, the quality of personnel, and the administration of the agency. The standards were established so that when parents failed to meet their responsibility for the protection of their children, the community could step in on behalf of the children to protect them. The main aim was not so much the rescuing of the child from the home, but preserving the home for the child.¹⁵

Recognition of child abuse as a serious problem began in 1946 with the publication by Dr. John Chaffey, a pediatric radiologist, that fractures of long bones and subdural hematomas often occur together in infants.¹⁶ He went so far as to say that with both types of injury present it could be accidental or willful trauma inflicted by the parents. In 1953, Dr. F. N. Silverman reported that physical injury is the most common bone "disease" of infants.¹⁷

In 1961, through advances in pediatric radiology, Dr. C. Henry Kempe discovered that more cases of child abuse existed than people believed. He directed a symposium on the problem of child abuse with the American Academy of Pediatrics and to direct attention to the seriousness of the problem, he proposed the term

"the battered child syndrome." This symposium was the stimulus for the beginnings of present day interest. Within a single year following the symposium, the American Humane Society uncovered 662 cases of abuse. Twenty-seven percent of this amount represented deaths and every state and social class was involved. The term "battered child syndrome" was used to characterize a clinical condition in young children who have received serious physical abuse, generally from a parent or foster parent. Dr. Kempe conducted a survey of 71 hospitals nationwide to determine the amount of incidents of this syndrome in one year. There were 302 reported cases with 33 resulting in deaths and 85 suffering permanent brain damage. The affected age group of the children involved was fairly wide with the majority being under three years old.¹⁸

On January 31, 1974, the Child Abuse Prevention and Treatment Act became U.S. Public Law 93-247.¹⁹ It created the National Center on Child Abuse and Neglect (NCCAN) within the United States Children's Bureau (Department of Health, Education and Welfare); funded demonstration projects and programs throughout the country; and provided grants to states for child abuse and neglect prevention and treatment programs. The state programs were granted funds where:

- (1) state law grants immunity to those reporting suspected child abuse;

- (2) investigations are mandatory when abuse is reported,
and
- (3) agencies are established and trained to deal with
child abuse.²⁰

This national recognition of the child abuse problem also started action in the military branches to develop child abuse programs. A 1974 study by the American Medical Association (AMA) showed the military to have three times as many child abuse cases as civilian communities.²¹ Air Force officials, at the time, felt that this information was incorrect, but were unable to challenge the numbers because no statistics had been kept on the problem Air Force-wide. In 1972, a spokesman from the office of Dr. Richard S. Wilbur, the assistant Secretary of Defense for Health and Environment, stated that there was no Department of Defense (DOD) policy or guidance on the treatment of child abuse, nor did he see a need for it.²² The Surgeon General and the headquarters of each of the military services were also contacted and each related that they had never issued any guidance or instructions to a subordinate command on how to deal with the problems of child maltreatment.²³ Child abuse was not considered to be a major problem in the military.

Prior to 1974, the chances of a patient being identified as a battered child at a military emergency room were very slim. One Air Force doctor interviewed for an article in the

Air Force Times Family supplement in 1972 said, "Unless a kid was covered with belt welts from head to toe we'd probably accept the parent's explanation for the injury."²⁴ This was the attitude of most military physicians at the time. However, physicians should not be solely responsible for identifying the abused child. It should be a team effort involving other military and civilian agencies. An excellent example of this type of effort was started in 1967 at William Beaumont General Hospital, Fort Bliss, Texas. The Infant and Child Protection Council (ICPC) was formed after a young girl was brought into the emergency room, dead on arrival.²⁵ She had been beaten to death by her parents. The goal of the council was to develop a program for the management, investigation and treatment of maltreated children. The chairman of the council was the chief of pediatrics and the program was administered by the post social work service. Members included social workers, an Army health nurse, a psychiatrist, an Army Community Service member and a representative of the El Paso, Texas, department of public welfare (civilian). This program and its format of a team approach was probably the forerunner of all military child abuse programs. A proposal was made in August 1972 to have an Army-wide directive requiring such a committee at each Army hospital. However, the Air Force was the first major service to deliver a regulation and overall guidance to all its commands. This was accomplished in April 1975, with the publication of AFR 160-38.

Prior to this regulation, Air Force medical personnel

handled each case of child maltreatment basically on their own. They received very little, if any, support or assistance from other agencies on the base. If they determined that a child was actually abused, they referred the case to an off-base civilian agency and the Air Force virtually washed its hands of the matter. Some monitoring of the case would be accomplished by base agencies, but only to determine whether administrative or judicial action needed to be taken against the Air Force member. An Air Force program was needed not only for the protection and treatment of the child, but to protect the Air Force member and his/her dependent spouse, as well. If, indeed, child beating is considered a sickness which has a cure, nothing was being done to treat this sickness. From October 1971, the Air Force had programs for treating alcohol and drug abuse which are considered curable problems, so they approached child abuse as a treatable problem, also, by arranging counseling for the abusers.

- 1 Deut. 22:18-20.
- 2 Col. 3:20. Eph.6:1-3.
- 3 Rom. 1:29-32.
- 4 Samuel X. Radbill, "A History of Child Abuse and Infanticide," in The Battered Child, eds. Ray Helfer and Henry Kempe (Chicago: University of Chicago Press, 1974), p. 6.
- 5 Edith H. Grotberg, ed., 200 Years of Children (Washington, D.C.: GPO, 1978), p. 65.
- 6 Ibid., p. 258.
- 7 Ibid., p. 265.
- 8 Ibid.
- 9 Ibid., p. 266.
- 10 Ibid., p. 269.
- 11 Robert H. Bremner, ed., Children and Youth in America, 3 vols. (Cambridge: Harvard University Press, 1971), 2:189.
- 12 Ibid., 3:853.
- 13 Ibid., 3:757-74.
- 14 Ibid., 2:695-96.
- 15 Ibid., 2:853-54.
- 16 Stephan J. Cohen and Alan Sussman, Reporting Child Abuse and Neglect: Guidelines for Legislation (Cambridge: Ballinger, 1975) p. 57.
- 17 Grotberg, op. cit., p. 259.
- 18 Bremner, op. cit., 2:866-68.
- 19 Resource Material: A Curriculum on Child Abuse and Neglect (Washington, D.C.: GPO, 1979), p. 75.
- 20 Ibid.

²¹ M. L. Craver, "Child Abuse: Reporting is Critical," Air Force Times , vol. 37, 18 October 1976, p. 46.

²² Andrew Schneider, "Battered Babies: Pity the Parents, Too," Air Force Times Family Supplement, 6 December 1972, p. 10.

²³ Ibid.

²⁴ Ibid., p. 9.

²⁵ Ibid.

CHAPTER 3

Methodology

Goals and Design

This study will present the Air Force (AF) child abuse/neglect program as it operates at the Air Force base level. It will seek to demonstrate the various responsibilities of military and civilian agencies directly or indirectly involved in the program. Since this study will be descriptive, it will not attempt to prove or disprove any assumptions or hypothesis of the writer.

Description of the Program

and its Agencies

The Air Force Child Advocacy Program (CAP) is an integral part of the Family Advocacy Program (FAP) established by the Air Force. The CAP was introduced in 1975 with emphasis on "counseling abusive adults and treating and protecting their young victims."¹ According to AFR 160-38, the purpose of the CAP is to

establish procedures for identification, prevention, treatment, evaluation, documentation, medical and nonmedical management, and follow-up and disposition of suspected and established child abuse or neglect cases. The success of the program was said to depend on two things: a good reporting system and active participation at the base level.² The active participation is really dependent on one key individual: the base commander. He is the person with the overall responsibility for ensuring that the program is effective and receives all the required support at the base level. He is also responsible for: (a) notifying the servicing Air Force Office of Special Investigation (AFOSI) unit of each incident of child abuse or neglect so it can be indexed and to retrieve any prior history on the abuser for evaluation; (b) referring child abuse/neglect incidents requiring investigation or coordination with other investigative agencies to the servicing AFOSI office; (c) ensuring that procedures exist for reporting child abuse or neglect incidents to the security police and the abuser's unit commander; (d) coordinating with local social service and welfare authorities who monitor similar civilian programs to facilitate obtaining local services where it is considered in the best interest of the military member and the member's dependents; (e) designating the director of base medical services (DBMS) as administrator and monitor of the base CAP; and (f) establishing a child advocacy committee (CAC) which will be chaired by the DBMS or a designated medical representative. A base commander can make or break the

program depending on how much interest he has in the problem of child abuse and neglect. If he shows a strong interest, then he keeps everyone else motivated to do their best. If he shows very little interest, that sets the standard for the rest of the base.

The CAC is usually composed of the DBMS or the chief of hospital services (chairperson), the family advocacy officer, one representative of the staff judge advocate, director of personnel, chief of security police, chaplain, and special services office. The chairperson has the discretion of adding the alleged abuser's unit commander, the chief of social actions, or the family support center director, when deemed necessary. He may also ask a representative of the local civilian child protection agency to attend in an advisory capacity. The committee meets at the call of the chairperson and at least quarterly. The committee has no investigative function or authority apart from that of its individual members, unless specifically authorized by the commander. The commander submits information to the committee for evaluation. The committees responsibilities are as follows:

1. Reviews each suspected case of child maltreatment and makes recommendations to the commander concerning initial management and follow-up of each case.
2. Reviews cases at least quarterly to monitor progress and makes recommendations to the base commander concerning changes in follow-up or disposition.
3. Advises the base commander of any potential danger for

the child in cases where the parents refuse to cooperate with the committee or where the safety and welfare of the child may be at risk if he/she remains in the home.

4. Increases the military community's awareness of child abuse and neglect through education programs.
5. Creates a close working relationship with local community child protective agencies, especially those with access to courts of appropriate jurisdiction.
6. Briefs the commander concerning conditions in the local community that contribute to child abuse or neglect.
7. Ensure that their meeting minutes refer to cases by number to protect the parties involved.

The DBMS manages and monitors all health care aspects of the base FAP and provides medical assistance for the identification, evaluation, management, and prevention of child abuse/neglect cases. He also appoints a clinical social worker, when available, as the family advocacy officer. If one is not assigned to the base, then he selects a medical service officer, with some academic background in the behavioral sciences, to fill the position.

The DBMS must establish procedures for the medical identification and evaluation of suspected child maltreatment cases. Should a child be brought to the hospital with multiple fractures or injuries, recurrent injuries, skull fractures or subdural

hematomas of questionable cause, or be declared dead on arrival, then child abuse should be suspected. Child neglect should be suspected in cases of unexplained failure to thrive or when young children are left unattended for long periods of time or in inappropriate circumstances. When abuse is first suspected, the DBMS must screen all family members' medical records for indications of previous maltreatment and arrange for a pediatrician to examine the child. He also arranges for all evidence of abuse to be collected, such as x-rays, laboratory reports, and colored photographs.

The DBMS must, also, establish procedures for proper medical management of suspected child maltreatment cases. His hospital staff must be prepared to give positive support to the abuser or neglecter, to admit the child to the hospital (civilian hospital where a military one is not available) where further evaluation or protection is warranted, and to notify the legal officer for assistance and guidance if the parent or guardian refuses to let the child be admitted. The child must not be discharged from the hospital without the clearance of the chief of hospital services, who coordinates with the base CAC before approving the discharge.

The DBMS must ensure that consultation is obtained, when indicated, for the abuser, neglecter, or child with all available specialties, such as pediatrics, social work, orthopedics, neurology, psychiatry, pathology, radiology, psychology, and nursing.

In addition to the above responsibilities, the DBMS must:

1. Establish an education and training program for medical staff members in the identification and management of child maltreatment cases.
2. Ensure autopsies are completed, if possible, in cases of sudden or unexplained child deaths.
3. Provide assistance when Army, Navy, Marine Corps, or Coast Guard child maltreatment cases relocate near an Air Force base.
4. Provide medical guidance for base information and education programs on the subject of family advocacy.
5. Ensure that all medical personnel handling cases of suspected child abuse or neglect notify the servicing AFOSI unit.

The family advocacy officer, under the supervision of the DBMS, is basically responsible for ensuring the smooth operation of the child advocacy program. He establishes close liaison with local military and civilian health and welfare agencies for the purpose of referring cases to them, when necessary. He maintains the child advocacy case files and records information, clinical evaluations, and documentation of care. He serves as a member of the base CAC and develops activities, programs, and facilities that foster and enhance the ability of parents to cope adequately with child rearing. The family advocacy officer is also responsible for completing Air Force Form 1206, Child Maltreatment and Spouse Abuse Report (see Appendix B). This

report is submitted from each Air Force base so the Air Force-wide totals for the fiscal year can be determined. The family advocacy officer is usually also the base mental health officer and, as such, counsels the abuser or neglecter when psychological or psychiatric problems are evident. He is involved in each case until a logical, helpful conclusion is reached.

The role of the security police on an Air Force base is much the same as that of a police or sheriff's department in a town or city. If they respond to an on-base residence to a report of child abuse or neglect, they conduct a cursory investigation to determine whether an actual incident occurred. If an incident of abuse or neglect has occurred, the security police have the authority to apprehend the abuser and to take the child into custody for its protection. They notify the family advocacy officer of the incident and transport the child to the hospital emergency room for evaluation. Should the child be seen at the hospital prior to security police involvement and the parents refuse to allow the child to be admitted, the security police are called to detain the parents until the CAC and the base commander make a decision concerning the child.

The staff judge advocate (legal office) also has a representative on the CAC. This office provides guidance to the base commander, and occasionally unit commanders, concerning state or host nation policies and laws about child maltreatment. They are also the experts on military law when incidents occur on-base.

The base chaplain plays an important role in cases where the family unit is disrupted due to one or both of the parents abusing their children. He provides support through pastoral visitation and counseling. He is instrumental in promoting base activities, programs, and facilities that attempt to help these abusers become better parents.

The social actions office supports the FAP by assisting in cases where alcohol or drugs are a contributing factor to child abuse or neglect. They provide counseling when needed and enter the abuser in alcohol and drug rehabilitation programs when necessary.

The base special services office provides child care centers and nurseries for Air Force families at low cost. This allows a mother who spends all of her time with her children an opportunity to get away from them for a little while to regain her sanity. Even for a few hours visiting a friend or shopping may make the difference when a crying child begins to make her irritable. The special services office ensures that their personnel who have contact with dependents or authorized participants of morale, welfare and recreation activities and programs are trained to identify child abuse and neglect cases.

The family support center director serves as a resource member of the CAC. This unit provides information, guidance, and assistance concerning family problems which could lead to child maltreatment. They conduct pro-active, preventive programs for families where learning to cope with stresses may deter

violent acts. Should a case of child maltreatment come to their attention first, they are required to refer it to the family advocacy officer or the base commander.

The unit commander and supervisor of the alleged abuser must be familiar with rehabilitative procedures and disciplinary policies concerning child abuse and neglect. They must be prepared to provide counseling and referral assistance when required.

The AFOSI is involved in every incident of child abuse or neglect throughout the Air Force. They investigate cases of child maltreatment and serve as the office of primary responsibility for coordinating with all other federal and local law enforcement agencies. They index all cases of child abuse/neglect for the purpose of identifying repeat offenders.

AFR 160-38 is very specific about the disposition of Air Force personnel who are suspected of child maltreatment. The regulation gives guidance concerning promotions, assignment availability, reenlistment, and duty assignment.

Commanders must review the duty assignment of suspected abusers to determine whether current duties may be contributing to the situation which caused the abuse. If local treatment facilities are available and adequate, the member may continue in his position unless some other regulation precludes it.

Promotions and reenlistment cannot be denied solely on the basis of entry into the Family Advocacy Program. If the abuser or neglecter has been selected for promotion, he must not be

removed from the selection list. A person on the eligibility list for promotion cannot be removed from the list. As long as the member is sufficiently stable, he/she may be assigned worldwide if they are not: (a) subject to pending administrative action, (b) administratively deferred for humanitarian reasons, or (c) medically deferred.

Statistics Reported under
the Program

With the beginning of the child abuse program in 1975, child abuse and neglect statistics were collected for the first time in the Air Force. Statistics are a useful tool when trying to determine patterns or trends. The Air Force, over the years since 1975, has been able to use these statistics to determine some important factors, such as who the typical Air Force abuser is, the types of abuse most prevalent, information concerning the abused, etc.

In 1976, the first year's statistics were reported. This report showed that 53% of the 336 reported cases were physical abuse, 19% were neglect, and 26% were sexual abuse.³ Physical abuse was, by far, the most common type of abuse. There were 18 deaths during this first year of reporting that were related to child abuse or neglect.⁴ The report also showed that five to ten per cent of the reported new cases were previously reported to authorities.⁵

The amount of reported cases continued to rise during 1976,

1977, and 1978 with each year having between five and six hundred cases. (See Appendix A) The death rate for these three years dropped a small amount to 10 for 1976 and 14 for both 1977 and 1978.⁶ In 1978, 55% of the "reported suspected" cases of abuse were physical abuse,⁷ which tends to indicate that physical abuse remains around 50% of all reported cases.

In 1979, 1980, and 1981, reported cases of abuse and neglect again increased. There were 695 cases in 1979, 732 in 1980, and 799 in 1981 (Appendix A). All of the yearly statistics shown so far have been Air Force Office of Special Investigations (AFOSI) reported investigations of child abuse or neglect. The following statistics are taken from Air Force Form 1206 and are fiscal year statistics of reported cases, not all of which were investigated by AFOSI.

In 1982, 3188 cases of abuse or neglect were reported. Of these, AFOSI investigated 700 cases which resulted in a three per cent death rate, 54% physical abuse rate, 24% neglect rate, and 19% sexual abuse rate.⁸ Again, physical abuse remained near half of all reported cases. The remainder of the 3188 cases were handled by the child advocacy committees at each base and were not determined to be the type of cases that needed to be investigated by AFOSI.

In 1983, 3251 cases of child abuse or neglect were reported and in 1984, 3657 cases were reported (Appendix A). The pattern appears to be that reported cases will increase every year. This can indicate either that more military personnel and their

dependents are abusing or neglecting their children or that more people are becoming aware of the problem and are reporting incidents that they believe to be abuse or neglect. Air Force officials tend to believe that the latter applies as indicated earlier in this study.

Military Life

A brief introduction into the lifestyle of the military will be useful at this point to give the reader some insight into the basic generalizations that are made concerning why military members abuse or neglect their children. Although this study is focusing on the Air Force, the military, in general, live similar lifestyles. Therefore, this section will address the military as a whole.

The life of a military member, whether he/she is in the Army, Navy, Marines, Coast Guard, or the Air Force, is basically the same, especially in the view of a nonmilitary person. Civilians have misperceptions about military life and, therefore, tend to develop stereotypes about the way they judge military people. They very often equate military life with aggression and violence.⁹ This type of built-in bias demonstrates a lack of awareness about military life. However, the military is not immune from child abuse and neglect since they draw their personnel from civilian life, where it is a serious problem.

Military life is deeply rooted in bureaucratic organiza-

tion and a hierarchy of authority.¹⁰ The lines of authority are clearly defined and are reflected in rank. A military member is expected to do as she/he is told, as long as the order is reasonable. This authoritarian life style could lead to what is known as the "military syndrome" or the "sergeant's syndrome." These are based on the supposition that military personnel who lead a highly disciplined life are apt to be overzealous and punitive towards their children, which could result in "disciplinary abuse."¹¹ The mission of the particular service is the primary consideration and everything else, including the family, is secondary. This is not as negative as it may sound since the mission may be to fight a war to protect our country. The military member has a twenty-four hour a day job. She/he may be called out at any time of the day or night to participate in a training exercise or to respond to an aircraft accident. This type of life can be extremely difficult on his/her family and can lead to stressful situations which, in turn, may lead to family violence.

Military Stress

Stress has been determined to be a major cause of child maltreatment. There are many factors which can cause stress, many of which are present in, but not unique to, the military. However, a combination of these factors may be more likely to occur within the military system.

The first of these factors is mobility. Air Force members

and their families can expect to be moved approximately every three years. Some families handle it well and look forward to the travel and adventure that comes with relocating. Others do not handle it as well and look on each move as an "intrusion into their privacy . . . and traumatic torture invoked by a heartless bureaucracy which could care less about families and personal life."¹² This imposed mobility can lead to secondary factors which may also produce stress.

When relocations recur every few years over a long period of time, a sense of disruption is created within the family. The children have to leave schoolmates and friends behind and try to establish new friendships at the next base. With each move, family life becomes more disrupted and more difficult.

Another factor associated with mobility is the fact that the family may not have control over where or when they relocate. This can have a negative psychological impact on the whole family. To be moved to a cold, northern state in the middle of winter could prove disastrous to the family mentally and financially.

In addition to the frequency, duration, and loss of control over moves, the Air Force family could be required to move to a foreign country or to a relatively isolated location. This could impose additional stress due to culture shock, language barriers, and financial hardship. Assignment overseas also takes the family away from their extended family and friends which they may have come to depend on in times of stress.

The second factor which could induce stress is separation of the Air Force member from his/her family at various periods throughout a career. The separation may be temporary duty assignments for short periods of time or an "isolated assignment" at an overseas location where the family is not permitted to accompany the member. This type of deployment schedule could introduce role confusion within the family. The spouse has to become both mother and father to the children and, as such, must spend longer periods of time with the children. She/he is also responsible for correcting or punishing the children all the time, whereas this was probably a shared responsibility when the member was at home.

The third factor is military/family conflicts. Occasions arise when Air Force requirements conflict with the needs of the family. A temporary duty assignment may come at a time when the wife is about to deliver a child and the member's presence is required at home for support and to care for other children at home. Although there are provisions available in the Air Force to assist families in these situations, the member may choose to support the needs of the Air Force instead of his family. This very rarely happens; but when it does, a great deal of stress is introduced into the family unit.

The fourth factor is an authoritative management style. As mentioned earlier, this is sometimes necessary to the completion of assigned tasks in the Air Force. Some members carry this management style over into their personal lives and

tend to manage their families in the same manner. Again, stress increases between family members when this occurs.

A fifth factor is the possibility of the member being employed in a high risk job. Although not unique to the Air Force, there are a number of high stress, high risk jobs within the Air Force system. This factor in combination with some of the other stress factors could possibly lead to enough stress within the family to cause child maltreatment.

All of these factors could have an impact upon the children since most Air Force families are associated with the Air Force during the primary child-rearing years.

The Air Force Abuser

The most vulnerable population in military society for child maltreatment is the young enlisted family who has been in the service less than two or three years.¹³ Some families in this group are characterized by immaturity, inexperience, lack of social skills, and inability to cope with life's problems. This is the most vulnerable group because it represents the largest segment of the younger population in the military services and the population most likely to have young children. This group also has the least amount of education and experience.

The young Air Force family is not much different than any other young family in any type of job or social status. However, there are some differences that may lead to abuse in the military family more easily and more often because of their mobility and

financial status. There are several characteristics that are fairly common to all abusive parents. Some of these are: (1) abused as children; (2) isolation; (3) lack of support systems; (4) marital problems; (5) life crises; and (6) lack of ability to care for and protect a child. A brief explanation for each of these characteristics follows.

Since statistics have been kept in the Air Force, it has been determined that "many of the abusers have been victims of abuse during their own childhood."¹⁴ When a person has been abused as punishment for doing something wrong, it becomes learned behavior and that person tends to punish his/her own children in the same manner. In some cases, the parent does not really think that he/she is abusing the child, but just correcting a problem.

Abusive parents expect very little from others in the way of friendship or support. They are afraid to commit themselves to close relationships with neighbors, friends, or family. In a military community, this isolation can make their life extremely difficult because most military families cultivate close relationships. If the abusive Air Force parents reject the friendship of other Air Force families, they will be cut off from all outside sources of support since they are not normally living close to their own families. This lack of support systems adds pressure on the family unit and can increase the likelihood of abuse.

The lack of support systems can often affect marital

relationships. Abusive parents occasionally find themselves in a noncommunicative marriage, which may lead to insufficient support or fulfillment of needs from the spouse. The child usually suffers in such cases because he/she reminds the parents of the marital dissatisfaction. The child can become a pawn through which the parents carry out their frustrations and anger. If the parents use physical violence on each other to solve their differences, this violence may extend to the child as well.

External stress often causes abuse. Indebtedness, lack of food or clothing, or any domestic crisis which precipitates fear or anxiety, can push the parent into abuse. The death of a close relative or the relocation of a friend sometimes removes the only support the parent had available to him/her. This may produce a feeling of loss of control of one's life and can lead to child abuse or neglect. Air Force families can be affected by this type of stress fairly easily since they come to depend on friends and neighbors for support in place of their relatives, who are usually miles away.

The parents may lack the ability to care for and protect their child. Young Air Force personnel, away from home for the first time in their lives, seek companionship quickly to fill the void normally filled by their immediate family. When this occurs, they sometimes marry at a very young age. They are at a point in their lives when they are just beginning to be able to take care of themselves and now they also have a new husband or

wife to take care of also. Then a baby comes along before the first anniversary. These new parents probably do not know the first thing about taking care of a newborn baby, who tends to cry quite often during the following few months. This is a dangerous time for the baby; a time when the parents are learning to cope with all these new experiences. The ability to care for and protect a child comes naturally to some, but for others it may have to be taught. Some problems that are peculiar to the younger military family, in contrast with higher ranking or more tenured personnel, that tend to compound the above causes of stress are lower pay, no moving expenses, and limited or lack of military housing.

Naturally, the young enlistee is going to receive lower pay than someone who has been in the Air Force for a longer period of time. This factor is true of anyone beginning a new job. However, civilians would be paid or reimbursed for any moves that might be required by the company. This is not so for the Air Force. The new Air Force member must move at his/her own expense. Borrowing money for this purpose is the way most young married enlistees handle this problem since they cannot usually save money from their pay. Then, when they arrive at their new base, they find that housing on-base is not available to them because of their rank or the housing that is available is substandard. Living off-base near an Air Force base can be very expensive. The rents are usually quite high, so the young married couple have to settle for what they can afford: a small

apartment in a bad neighborhood.

One possible solution to the financial problem is for the wife to work. Since most young wives lack any specific skills, she could become a waitress in a restaurant or a bar. With her husband working days, she will probably seek to work at night so her husband can be home to watch the children and she can have access to the car. Soon the husband is at home tending to the needs of the children while the wife is flirting with other men at the bar. This situation is an ideal setup for abuse by the young military father who looks at the child as the cause of his problems.

These conditions can certainly increase the stress on the young enlistee and his family. Is it any wonder that they find release for their frustrations and anger by abusing each other and their children?

Air Force statistics gathered under the child abuse program indicate that the child's natural father is the most frequent abuser.¹⁵ Most abuse is committed by males in their early to mid-twenties and hold the enlisted rank of E-1 to E-5.¹⁶ In 1980, 444 personnel in that rank abused their children. In the rank of E-6 to E-9, 137 noncommissioned officers were suspected of abuse. During the same period, 19 officers were suspected of abuse.¹⁷

The next-most-frequent abuser in the Air Force in 1980 was a military dependent, usually the child's mother.¹⁸ There were 217 dependents suspected of child abuse in that year.

Abuse of alcohol and/or drugs often leads to child abuse in the Air Force.¹⁹ According to Dr. Jerry Flanzer, a professor of Social Work at the University of Arkansas who has worked with the military community in training and consultation in the area of family violence and alcohol/drug abuse, alcohol is almost always involved in family violence. He related that up to 80% of all cases involve drinking, whether before, during or after the incident of abuse.²⁰ With drugs becoming more popular, both in and out of the Air Force, and alcohol still being as popular a form of escape as it ever was, the relationship of alcohol and drugs to child abuse will probably be seen more often in the future.

The Air Force Abused

According to a 1978 report reflecting reported incidents of child abuse in the Air Force, "children of all ages are abused".²¹ In this report, male children were abused physically more often than female, while females were the victims of sexual abuse more often. The average age of children killed as the result of abuse was about three months because a child of that age could be killed with very little force.²² However, children ranging in age from one month to six years old died as the result of abuse or neglect. Many of the fatally injured children had been previous abuse victims as indicated by their medical records, x-rays after death, or autopsies. In an article from Airman magazine in April 1977, Dr. (Colonel) Edgar

O. Ledbetter, pediatrician and chairman of the Wilford Hall Medical Center Child Protection Committee at Lackland Air Force Base, Texas, related that "25% of the abused children will come back severely injured, and 5% will come back dead."²³

In a report based on information provided by the Air Force Office of Special Investigation for 1980, male and female children were physically abused or neglected equally.²⁴ Comparing this report with the one from 1978, it indicates that the amounts of abuse to males or females will vary from year to year.

The average age of physically abused child in the Air Force is under five years old and the sexually abused is usually a pre-teen.²⁵

In 1984, the Air Force had the lowest reported rate of child abuse of any of the military services, but had the highest amount of children killed by abuse or neglect. This information was made available on March 18, 1985, by the Department of Defense in its report entitled Established Cases of Family Violence. The incident rate for the Air Force was 2.6 for every 1000 children and six children died from abuse or neglect.²⁶

There are certain children who are more likely to be abused or neglected by their parents. These children are considered to be "high risk" children and fall into one of the following categories: (1) the result of an unwanted pregnancy, (2) a premature baby, (3) a child with serious health problems, (4) a physically deformed child, (5) a retarded child, (6) a colicky

baby, (7) an incontinent child, and (8) a child who is a discipline problem.

The parents of children such as these either do not want the child or do not have the time for the child. The child takes up too much of their time so they cannot enjoy each other. Parents of this type have to be taught how to care for their children because they have never taken the time or effort to learn how on their own. If one of the parents is the abuser, the other may unconsciously sacrifice the child in order to maintain a good marital relationship. In some cases where the father is the abuser, the wife may not step in to stop the abuse for fear that her husband will turn on her instead. In any case, the child is the one who suffers.

Support Systems

Some of the aspects of Air Force life that may produce stress which contributes to child maltreatment have been presented. However, there are also support systems within the military which decrease the presence of stress and thus reduce the potential for child abuse or neglect. These support systems are available to all Air Force families. Such systems include:

- (1) Guaranteed income. Active duty Air Force members are guaranteed their salary in spite of illness or other personal, family, or community crisis.
- (2) Medical care. The Air Force provides comprehensive medical care to all its members and their families.

- (3) Legal services. Legal services and consultation are available to Air Force members and their families and are limited to consultation in domestic matters.
- (4) Chapel services. Chapel services including religious services, counseling, and social activities are provided through the base chaplaincy.
- (5) Child care facilities. Some bases provide child care and nursery school facilities.
- (6) Family services. Immediate information and assistance are provided including basic household items such as cribs, pots and pans, and linens on a loan basis to families newly assigned or temporarily stationed at the base.
- (7) Education services. Most Air Force bases have an education office that provides information and financial assistance to individuals who are interested in enrolling in college level courses. Various financial assistance programs are available that enable Air Force members to receive tuition assistance if they attend college classes during nonduty hours.
- (8) Recreation facilities. Theaters, tennis courts, swimming pools, bowling alleys, auto hobby shops, wood working shops, and gymnasiums are available on most Air Force bases. In addition, youth centers, where activities for children of Air Force members are

provided, can be found on most bases.

- (9) Service clubs. Service clubs provide members with facilities for recreational and social activities as well as access to community activities.
- (10) Young marrieds organizations. Some bases have organizations for young married couples which provide opportunities for interaction and facilitate the development of support networks. They have activities such as babysitting co-ops, used furniture and clothing exchange, and food supplements.

If an Air Force family takes advantage of even a few of these support systems as a method of reducing the stress caused by the military system, maybe the statistics on child abuse and neglect will begin to decrease every year instead of climbing as they are now.

- ¹ "Drive on Child Abuse Launched," Air Force Times, vol. 36, 22 October 1975, p. 4.
- ² Ibid.
- ³ M. L. Craver, "Child Abuse: Reporting is Critical," Air Force Times, vol. 37, 18 October 1976, p. 46.
- ⁴ "Children Homicides Decline," Air Force Times, vol. 36, 14 June 1976, p. 13.
- ⁵ Ibid.
- ⁶ "Child Abuse Reports Rose Slightly in 1978," Air Force Times, vol. 39, 19 March 1979, p. 2.
- ⁷ Ibid.
- ⁸ Pat Dalton, "3200 AF Child Abuse Cases are Only the Reported Ones," Air Force Times, vol. 44, 2 July 1984, p. 26.
- ⁹ John K. Miller, "Perspectives on Child Maltreatment in the Military," in Child Abuse and Neglect, eds. Ray E. Helfer and C. Henry Kempe (Cambridge: Ballinger, 1976), p. 268.
- ¹⁰ Ibid., p. 269.
- ¹¹ Ibid., p. 279.
- ¹² Ibid., p. 271.
- ¹³ Ibid., p. 276.
- ¹⁴ Craver, loc. cit.
- ¹⁵ Ibid.
- ¹⁶ "Child Abuse: 732 Reported Cases," Air Force Times, vol. 42, 12 April 1982, p. 4.
- ¹⁷ Ibid.
- ¹⁸ Ibid.
- ¹⁹ "Child Abuse Reports Rose Slightly in 1978, loc. cit.
- ²⁰ Jerry Flanzer, "The Vicious Circle of Alcoholism and Family Violence," Military Family 4, no. 2 (1984): 3.

21 "Child Abuse Reports Rose Slightly in 1978," loc. cit.

22 Ibid.

23 Fred A. Meurer, "The Subject is Child Abuse," Airman 21, (April 1977): 48.

24 "Child Abuse: 732 Reported Cases," loc. cit.

25 Craver, loc. cit.

26 Tom Burgess, "Reports of Family Violence, Abuse Increase," Air Force Times, vol. 45, 1 April 1985, p. 4.

CHAPTER FOUR

Conclusion

Summary

The Air Force is a microcosm of the civilian populace. Problems that exist in civilian communities exist in the Air Force community on a smaller scale. Child abuse, as has been shown, is no exception to that statement. The Air Force has a very real problem concerning its members and their spouses abusing their children; however, a study completed in 1984 covering the period from January, 1978, to February, 1981, indicated that military families did not abuse their children any more than their civilian counterparts.¹

Even though most Air Force bases are self-contained units, when it comes to the problem of child abuse, any and all help from the civilian community would be accepted. At most bases this support is offered by the local town or city, but there are exceptions. Herein lies part of the problem with the Air Force program. Some civilian communities which are situated at or near Air Force bases do not desire to cooperate with the base in any manner. This leaves the base the problem of handling all

problems within the confines of its boundaries. Very often this is not possible because a large percentage of base personnel live in the civilian community; especially the younger families where statistics show child abuse is most prevalent. In communities such as this, off-base child abuse cases are directed to the local child protective services and Air Force officials at the base never find out about them. Some military officials already feel that many incidents of abuse go unreported within military channels. Army Colonel Pete McNelis, director of the Military Family Resource Center, related that it is possible that one out of every two cases of family violence in the military are never reported.²

With the reported cases of child abuse and neglect in the Air Force rising every year, it does not seem possible that so many cases go unreported. However, in 1984, the National Center on Child Abuse and Neglect reported that eight per 1000 children had been abused nationwide, while the rate for the entire United States military was only 4.6 per 1000 (as reported earlier, the Air Force rate was 2.6 per 1000).³ Janice Sponberg, a staff member at the Military Family Resource Center, feels that many cases off-base and in officer households are not reported. This relates to the fact that off-base occurrences are not being reported to base officials. Sponberg related that the reported rate of abuse by officers may be low because "they are better at keeping it quiet, inside the family."⁴

Despite these problems, the Air Force has come a long way in

the battle against child abuse and neglect since 1975. The child abuse program that began that year has probably saved the lives of hundreds of young children by recognizing their abuse before it resulted in death. Intervention into the family unit can be a very traumatic experience, both for the family and for the agencies that must deal with problem of child maltreatment. In most cases, the Air Force member and his/her spouse cooperate with those agencies when the abuse or neglect is reported. Only about 10% of the abusers identified by the program are true psychotics and refuse the help of the child advocacy committee.⁵ The abusive parents are contacted after the abuse or neglect has been discovered and counseling is suggested to them to improve their parenting skills or to present alternate means of disciplining the child; however, it is possible for the parents to refuse counseling.

Prior to the implementation of the Air Force program, the only recourse the Air Force had was to court-martial the abuser. The Air Force found that punishment usually intensified the problem, so assisting troubled families became the first priority. However, the threat of discharge from the Air Force is still in the mind of the abuser.

Recommendations

So, what can be done to ensure that all incidents of abuse and neglect are reported and can the Air Force child abuse program be improved to assist the family in more ways?

The first step would be to make more Air Force members and their families aware that the problem of child abuse and neglect exists within their community. This could be accomplished by organizing an annual child health fair at each base with a possible theme of "Recognition Increases Prevention." Off-base child protection agencies could be invited to participate and all Air Force agencies involved in the prevention and treatment of abuse could provide information to the military families.

Another method of making people aware of the problem would be to include a short presentation at the base orientation briefings. When new personnel arrive at a base, they are briefed on the peculiarities of that base under a program called INTRO. With a few slides and a hand-out to take home to the family, everyone could become familiar with the problem and be given some insight on how to recognize abuse and neglect.

The next suggested change is to make it mandatory for all parents in substantiated abuse or neglect cases to attend one or all of the following workshops on an as needed basis: effective parenting, family communications, money management, stress management, alternative means of disciplining, and self-esteem programs for the abused child (for older children). Currently, some of these seminars are available, but only to the abusive parents who volunteer to attend. These workshops should be scheduled so the military member can attend during his on-duty time to prevent excuses for not attending.

When the family has completed the workshops, they should be counseled together by the mental health officer on how to reunite the family structure and on the dynamics of family situations. They need to be taught how to interact with each other in a loving, caring manner, rather than in a violent manner.

Before and after the workshops, the abuser's immediate supervisor and commander should meet with the child advocacy committee members to be informed of the attitude of the abuser and on any progress he/she may be making or has made. With this information, the commander and supervisor can monitor the abuser at work to determine whether stress from the job may be part of the overall problem.

Next would be to let it be known that the threat of discharge from the Air Force will not be used for first instances of child abuse or neglect. This threat could cause the spouse of the abuser to hide the abuse instead of reporting it. If the military member is thrown out of the Air Force, then who supports the family and how will this stop the child abuse? In recurring cases, any and all legal action, to include discharge, should be used. One chance at rehabilitation is more than enough when a child's life is in jeopardy.

The last suggestion is to have the Air Force become more directly involved in child abuse and neglect incidents involving off-base military families. Currently, off-base incidents are handled by local civilian agencies and are minimally monitored by the family advocacy officer. To ensure that the military

family receives appropriate training and assistance, off-base agencies should be required by state law to report incidents involving military families to base officials. These families should then be entered into the on-base workshop program.

Programs involving community education, crisis, emergency and long term treatment, family-focused counseling, support services, and effective case management are important to developing an effective response to child abuse and neglect. With continued emphasis on this serious problem, our children may not grow up to be abusers.

Epilogue

During the research for this thesis, a recipe for child abuse and a poem were discovered in the resource material. The recipe was written by a social worker named Susanne M. Wieder for the Army Community Service Bulletin, headquarters United States Army Air Defense Center and Fort Bliss, Fort Bliss, Texas, April, 1975. It pulls together the information written in the previous chapters about the young military family and the problems they face. It goes like this:

Child Abuse Croquettes

From the kitchen of Susanne M. Wieder, ACSW

2 parents, inexperienced and slightly bruised
2 children, tender and under 4 years old
Assorted in-laws
1 small apartment with thin walls

A dash of privacy (optional)
 Numerous bills of mixed size
 5 letters of indebtedness (to the commander)
 1 article 15 (minor disciplinary action)
 7 days of isolation
 1 batch of field training or TDY (temporary duty)
 1 caring neighbor
 1 fifth of alcohol or equal amount of beer
 1 URI (upper respiratory infection)
 4 trips to the emergency room
 2 lost medical charts
 1 aggravated hospital clerk
 1 2-hour wait
 1 teething, cranky baby
 1 double dirty diaper
 1 1/2-hour constant crying
 2 physicians
 1 military policeman
 1 social worker

Sift 2 inexperienced, slightly bruised parents and 2 tender young children with one small apartment with thin walls. Add a dash of privacy (optional) and assorted in-laws. Fold in numerous bills of mixed size and quickly add letters of indebtedness. Stir until one Article 15 develops. Set aside.

In separate bowl, mix one upper respiratory infection with 4 trips to the emergency room. Separate 2 lost medical records from one aggravated hospital clerk. Add one 2-hour wait.

Combine all above ingredients with one 7-day batch of field duty or TDY and an equal amount of isolation for the mother. Omit one caring neighbor. When mixture reaches a full boil, return husband from field and immediately add 1 fifth of alcohol or an equal amount of beer.

Soak one teething, cranky baby in one double dirty diaper and gradually add to the above mixture. Season with one-half hour of constant crying. Whip until stiff. Place ingredients in any 8 x 10 emergency room cubicle with 2 physicians, 1 military policeman, and 1 social worker. Bake until well done.

If these croquettes do not sound appetizing to you, help us change the ingredients. Child abuse does not occur because of any one of the problems listed above, but results when a combination of these stresses happen in a family. There are many resources available for families if we can help them take the first step by contacting either a pediatrician, health nurse, or social worker at the hospital. Each of us has the

ability to help stop child abuse. It's our choice . . . and it's our children.

The poem was found in a project for a Master of Social Work degree at California State University, Sacramento, submitted in the spring of 1983. The poem was written by one of the co-authors of the project, Roxann M. Fugazi. It is called "Little Child" and should be an inspiration to us all to continue to fight against child abuse. This is the poem:

Tell me little child
how old are you?

Older than the mountain
or the morning dew?

Older than the wind, that
whispers through the pine?

Older than the willow,
or the gnarled grape vine?

Tell me little child
where have you been?

Working in the farm lands
toiling with the men?

Working in the sweat shop,
or behind the cold steel wall?

Tell me little child
can you recall?

Why is it little child, that
you're not playing in the sun?

Climbing trees, and skinning knees,
why is it little one?

"Cause Mommy's mad at Daddy,
and they had a great big fight.

And Daddy always hits me
'cause I never do things right.

Brother's got a vacant stare,
and never feels like playing.

Sister hides her scars,
while I continue praying.

Please Lord, forgive Mommy and Daddy
for they know not what they do.

And give me strength and courage Lord,
for I am only two.

¹ Richard A. Dubanoski and Sally R. McIntosh, "Child Abuse and Neglect in Military and Civilian Families," Child Abuse and Neglect 8, no. 1 (1984): 66.

² Tom Burgess, "Reports of Family Violence, Abuse Increase," Air Force Times, vol. 45, 1 April 1985, p. 4.

³ Ibid.

⁴ Ibid.

⁵ M. L. Craver, "Child Abuse: Reporting is Critical," Air Force Times, vol. 37, 18 October 1976, p. 46.

APPENDIX A

Air Force Family Violence Cases

Office of Special Investigation Child Abuse Reports

<u>Year</u>	<u>Total</u>
CY 1975	336
CY 1976	556
CY 1977	527
CY 1978	565
CY 1979	695
CY 1980	732
CY 1981	799

Air Force Form 1206

FY 1982	3188
FY 1983	3251
FY 1984	3657

CY - Calendar Year
FY - Fiscal Year

APPENDIX B

CHILD MALTREATMENT AND SPOUSE ABUSE REPORT		DATE (End of Reporting Quarter)		REPORT CONTROL SYMBOL		
TO:		FROM: (Installation and location)				
NEW CASES OCCURRING DURING REPORTING QUARTER (List cases <u>ONLY ONCE</u> below)						
TYPE OF CASE		NUMBER OF CASES				
1. CHILD MALTREATMENT		SUSPECTED		ESTABLISHED		GRAND TOTAL
		ACTIVE DUTY AIR FORCE	OTHER	ACTIVE DUTY AIR FORCE	OTHER	
A. DEATH						
B. PHYSICAL ABUSE						
C. PSYCHOLOGICAL AND EMOTIONAL ABUSE						
D. SEXUAL ABUSE						
E. PHYSICAL NEGLECT						
F. PSYCHOLOGICAL AND EMOTIONAL NEGLECT						
TOTAL CASES						
2. SPOUSE ABUSE						
A. DEATH						
B. PHYSICAL ABUSE						
C. PSYCHOLOGICAL AND EMOTIONAL ABUSE						
D. SEXUAL ABUSE						
TOTAL CASES						
REMARKS (If necessary, continue on reverse.)						
<div style="height: 150px;"></div>						
TYPED NAME AND GRADE OF FAMILY ADVOCACY OFFICER		AFSC	PHONE NO.	SIGNATURE		

AF FORM 1206
JUL 81

U.S. G.P.O. 1982-522-051/3143

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